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CONFIRMATION NO. 3978

<b>SERIAL NUMBER</b> 10/807,906	<b>FILING OR 371(c) DATE</b> 03/23/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 53951-124
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/865,905 05/24/2001 PAT 6,852,090 \* which is a CON of 09/513,773 02/25/2000 PAT 6,579,253  
 (\*)Data provided by applicant is not consistent with PTO records. *Data consistent with PTO records*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 06/04/2004 **\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 24 15	<b>INDEPENDENT CLAIMS</b> 82
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>                    </u> <u>                    </u> Examiner's Signature Initials				

**ADDRESS**  
21890

**TITLE**  
Blood processing machine and system using fluid circuit cartridge

<b>FILING FEE RECEIVED</b> 486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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